

BAG & BALE LIMITED
NEW ACCOUNT AUTHORISATION DOCUMENT
PLEASE FAX BACK TO 0845 600 1062



PLEASE COMPLETE ALL SECTIONS OF THIS FORM IN FULL
PLEASE COMPLETE ALL SECTIONS OF THIS FORM IN BLOCK CAPITALS

Contact Name & Position	
Contact Telephone No {Including Dialling Code}	
Company Name & Address	
Post Code	
Co Registration Number	
VAT Number	
No of Years Trading	
Monthly Credit Required	£
Accounts Contact Name	
Accounts Telephone No {Including Dialling Code}	
Accounts Fax Number {Including Dialling Code}	
Accounts Email Address	
TRADE REFERENCES (2 required)	
Company Name:	Company Name
Contact Name:	Contact Name:
Address	Address
Telephone:.....	Telephone:.....
Facsimile:.....	Facsimile:.....
It is Bag & Bale's Policy for accounts to be settled via CHAPS/BACS. The following information is for the attention of your Accounts Department:- PLEASE EMAIL REMITTANCE ADVICES TO:- jackie@bagandbale.com	BAG & BALE LIMITED LLOYDS TSB BANK PLC 40 HIGH STREET CHIPPING SODBURY SOUTH GLOUCESTERSHIRE BS37 6SW
Bank Account Number	01443415
Bank Account Sort Code	30 12 04
<i>For Bag & Bale Use Only:--</i>	
Bag & Bale A/C Ref	
Input Date	

OUR PAYMENT TERMS ARE STRICTLY 30 DAYS FROM INVOICE